CLAIMS ONLY

Application Number	Filing Date
10660891	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*				*			
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
1			1				51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9			1				59							
10							60							
11							61							
12							62							
13							63							
14							64							
15			1				65							
16							66							
17							67							
18							68							
19			1				69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep			4				Total Indep							
Total Depend			20				Total Depend							
Total Claims			24				Total Claims							